STATE OF MARYLAND—	CERTIFICATE OF DEATH 7226
1. PLACE OF DEATH	(180)
County (eas	Registration Dist. No. 92
Village or City Outside Elston	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME JOHN J. BREEN JK	If U. S. Veteran, specify WAR
(a) Residence: No. 332 Rose	St. Ward. Chester Ca
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  7 - 8 (193 6 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
0	, 19, 10, 19, 19
6. DATE OF BIRTH (month, day, and yaar) Left 27, 1923	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
/2 9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one of
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.	Went Sur from pre-
SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Cadental Thousing
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) 6 healer	Other Contributory Causes of Importance:
(State or country) A Penne	
13. NAME John & Dreen S.	
14. BIRTHPLACE (city or town)	Name of operation
(Sate of country) Unna	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rose m. Dougherty  16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide Language Oate of injury 1, 1936
(Stete or country)	Where did Injury occur? (Specify city on own, county and State)
17. INFORMANT Ohn Green Parkers (Address) /3.3.2 Robert Sheeter Parkers	Specify whether injury occurred in MOUSTRY in MOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury West Syrying from pur
Place M. Michaela Bem Det 11 1936	Nature of injury Accordental Okotherutes
19. UNDERTAKER N. W. Oppin & Son lnc.	24. Was disaasa or injury in any way related to occupation of dacaased?
20. FILED July 8, 136 Janes France	(Signad) Strenley D. Geffers
If more blanks are needed address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbif conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

-	Example 11	
Date of onset	of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

former residence

1. PLACE OF DEATH

	Registration	In Diet. No.	12
No lucase &	toshe	tal a	Ward
eath occurred in a hospital or institut			and number)
ds. How long in U.S. if of	foreign birth?.	угз	mosds.
If U. S. Veteran,	specify WAR		
St., Ward.	If nonresid	ent give city or town	and State
MEDICAL CI	ERTIFICA	TE OF DEAT	Н
21. DATE OF DEATH		, _	-
Ju	(Mopth)	(Day)	, 193
	(MODAL)	(Day)	(Teel)
1 HEREBY	CERTI	FY. That I ettan	
July 1 -	19.17., to		19.36
	July 1		∠_; death is said
to have occurred on the date state			
The PRINCIPAL CAUSE OF DEAT were es follows:	H and related c	auses of importance	1000
1010 00 101101101			Date of onset
dh	Pa	Markey	
			72-4
we/	Vari	to	
Other Contributory Causes of impo			
Chipu	y Vin	prende	
	/		
Name of operation		Data	
What test confirmed diagnosis?		Was thera	an autopsy?
23. If death was due to external cau	ses (VIOLENCE	) fili in also the follo	wing:
Accident, suicide, or homicide?		Data of injury	, 19
Where did injury occur?	(6		
Spacify whether injury occurred in	INDUSTRY, in	HOME, or in PUBLIC	PLACE.
Manner of injury			
Nature of injury			
24. Was disease or injury in any w	ay releted to oc	cupation of deceased	7
If so, specify	171	7/	11
//	161	1 00	

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Charge CI

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City Rising Sun Ad	No. St., V f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of own where deeth occurredyrsmo	sds. How long In U.S. if of foreign birth?yrsmos,
2. FULL NAME Sterlyn Haller Bu	Our U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH  July 9 193 6  (Month) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. OF HEREBY CERTIFY, That I attended deceased
10-1-1910	last saw here alive on July 19 1,1956; death l
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Yeers   Months   Days   If LESS than	to have occurred on the date stated above, A. 1. 0 5 Pm.
1 ( day,hrs.	
S. Trade, profession, or particular	were as follows: Oata of
Kind of work done, as SPINNER Caches	sources cure cures 17.
Q. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
70. Date deceased last worked at this occupation (month and 934.	
12, BIRTHPLACE (city or town) Conocum 91	Other Contributory Casses of Importance:
(Stete or country)	
13. NAME CONSOBURE	
14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIOEN NAME frances Collers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Conoccurs	Accident, sulcide, or homicide?
E (State or country)	Where did injury occur?
man Peal Long	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT WO PERCE Sum MC	
18. BURIAL, CREMATION, OR REMOMAL	Manner of Injury
Place 14 1 1 1 1 Date Usly 14, 1936	Nature of injury
10 Types	24. Was disease or injury in env way related to occupation of deceased? No
19. UNDERTAKEN (Address) Place Sten Md.	If so, specify
20 FILED July, 10 20 36 .	(Signed) Grange The Knaget
20. FILED Lyn & Southern alon Registrar.	(Address) / Verley Right, The

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Example I	i i	Example II	
of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUS	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass)

20. FILED

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred. mos. \_\_\_\_ds. A How long In U.S. if of foraign birth? \_\_\_\_\_\_ vrs. \_\_\_\_ mos. \_\_\_\_ ds. o and U. S. Veteranospecify WAR St., (a) Residence: No. (Usual place of abode) Whonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. ERTIF That I attended daceesed from (or) WIFE of 5 6. DATE OF BIRTH (month, dev. and yeary) 130 7. AGE Yaars Months Devs If LESS than to heve occurred on the date statad above, at\_U 1 day ....hrs. 10 The PRINCIPAL CAUSE OF DEATH and related causes of Importence or\_\_\_\_min. Date of enset 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which Work wes done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date dacaesed last worked et II. Total time (years) this occupation (month end spent in this occupation year) ..... 12. BIRTHPLACE (city or town) (Stata or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. (Steta or country) What test confirmed diagnosis? ..... Was there en autopsy? ..... OTHER 15. MAIDEN NAME 22 23. If daeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16, BIRTHPLACE (city or town (State or country) Whare did injury occur?\_ OL (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMAN (Address)

-WRITE PLAINLY, WITH

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Natura of Injury

If so, spacify

Signed)

(Address)

24. Was disease or injury in any way related to occupation of daceasad?

619 3 W

Registar.

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage AUG 8 1938	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	230
1. PLACE OF DEATH	8920	/
County Cl	Registration Dist. No. 96	2
Village or City Oct Ne Ussel	NoSt.,	Ward
Length of residence in city of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number of the s	per) ds.
2. FULL NAME Softline of am	erry If U. S. Veteran, specify WAR	
(a) Residence: No. 1 12 he Cosit	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Stat	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 18	36
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
(or) WIFE of Harry Joss Cameron	22. Sully 18 1936 to sulle 18	ased from
6. DATE OF BIRTH (month, day, and year) February 1868	I last saw holy alive on July 18 19 3 le	ath le eairt
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 PTM	atm 13 3a1u
6 8 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession or particular	were as follows:	ste of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	all have remorning	
9. Industry or business in which work was done, as SILK MILL, Own Kasul	of vace	le 18/3
SAW MILD, BANK, etc.		1-1-2
SAW MICE, BANK, etc  10. Date deceased last warked at this occupation (propth and 1936 In Total time (years) spent in this,		
year) for occupation for occupation	04-0-43-4-0	
12. BIRTHPLACE (city or town Strth East	Other Contributory Causes of importance:	9.34
(State or country)	1	1.2.1.
II 13. NAME Nr. J. Buckley.		
14. BIRTHPLACE (city or town)	Neme of operation None Date of	
(State of County)	What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME Torgranuld Proughton  16. BIRTHPLACE (city or town) S. V. D. O. O. S. J.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town I set De Possit	Accident, suicide, or homicide? // D Date of injury	. 19
(State or country) Und,	Where did injury occur? Mone	
17. INFORMANT Joss B, Cameron	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) lost we transfer the	V STATE OF THE STA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Product Molling have pate July 01, 1936	Nature of injury	
1 / gel to Pathaland	24. Was disease or injury in any way related to occupation of deceased?	7
19. UNDERTAKER (Address)	If so, specify	
Alles al January.	(Signed) Conquest of outand	
20. FILED Registrar.	(Address) Abythe From	M. D.
If more blanks are needed address State Penintras	(Audiess) A State Program P. W. W.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG SURFAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(96)
	County Cecil	Registration Dist. No. 92
1	Village or City Elklon	No. Union Hospital St Ward
1	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX male 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()
	Frenche Whili OR DIVOICED (write the word)	Ally 10 ,1936
	5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I ettended deceesed from
	6. DATE OF BIRTH (month, day and year) Oct 15-1935-	July 10 1976, to July 10, 1976
ate.	Control of the state of the sta	Mest saw h L elive on July 0, 1936; deeth Is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Q
ert		were as follows:
) jo	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Convulsions: Cause unknown
	9. Industry or business in which	( Tuknown Couse)
back	D4	
on	10. Date deceased last worked at this occupation (month end spent in this	Consulsions; because, physician only son child a
Suc	year) occupation	Other Cantributory Causes of importance: few minutes Lefore he died.
instructions	12. BIRTHPLACE (city or town) Md	fee moune before "
stru	(State or county)	
	13. NAME Krong Craeg	
See	14. BIRTHPLACE (city or town) ?nd · f.	Name of operation Dete of
	2	What test confirmed diagnosis? Was there an autopsy?
important	Litt I 15. MAIDEN NAME	23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following:
ort	16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
mp	(State of county)	Where did injury occur? (Specify city or town, county and State)
	17, INFORMANT Topical records.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
is very	(Address)  18. BURIAL, CREMATION, OR REMOVAL  A	Manner of Injury
	Place Dellon Cemely Date July 12 1956	Nature of injury
rion	John Atollage	24. Was diseese or injury in any way related to occupation of deceased?
E	19. UNDERTAKER	If so, specify
)	Valence of the Bases	(Signed) Theebert wales M.D.
	20. FILED LLE 10, 1976 Towns Nac.	(Address) Teklon Zul
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis A. G. O. 150	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREA	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Moy 1,1923	Other contributory causes of importance:	1
- Contraction -	11091,1820	Tronventer and	1 year

ADDITION	NAL SPACE FOR FURTHI	ER STATEMENTS BY PHYSIC	CIAN
authorities to	from Pragued	buth co. t.l. cal.	
10			
0			

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	tem of infor-	should state	f occupa.	
mation should be carefully supplied. AGE should be stated EXACTLY.  CAUSE OF DEATH in plain terms, so that it may be properly classified. ETON is very important. See instructions on back of certificate.	ECORD. Every i	PHYSICIANS	xact statement c	\
mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certifical	PERMANENT R	EXACTLY.	ly classified. E	ite.
mation should be carefully supplied. AGE should leaded CAUSE OF DEATH in plain terms, so that it may leaden is very important. See instructions on back of	IS IS A F	be stated	be properl	of certifica
mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that TION is very important. See instructions	INK-TH	E should b	it it may b	on back o
mation should be carefully s CAUSE OF DEATH in plain TION is very important. Se	UNFADING	upplied. AG	terms, so tha	e instructions
mation should be CAUSE OF DEAT TION is very imp	Y, WITH	carefully s	fH in plain	ortant. Se
I. B.—WRI mation CAUS	TE PLAIN	a should be	E OF DEA	is very imp
	I. BWRI	mation	CAUS	TION

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	820
County Cecil	Registration Dist. No. 91
Village or City Thesapeagee City	NoSt., Ward
/2	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Eva L Found	If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH uly 20 193 6
	(Mog(h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Froard	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) act 4 1865	I last saw have alive on July 20 1936; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on tha date stated above, at 631 P. m.
70 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular Of	Cerebral apoplety 2/17/3.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Chesapeake City	Other Contributory Causes of Importance:
(State or pountry) many land	
13. NAME James Cunjuous	
13. NAME James Cunfurores  14. BIRTHP (CE (city or town). July town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city of lown) Sale fu	23. If death was dua to external causes (VIOLENCE) fill In also tha following:  Accident, suicide, or homicide?
E (State or country) 2 &.	Whare did injury occur?
17. INFORMANT Levy Florand Ct. 7. (Address) Chelsake Ct. 7.	(Specify city or town, county and State) specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sethel Cessely Data July 23, 1936	Manner of Injury
19. UNDERTAKER 74. W.P. (Addrass) 81 Kt. 22.	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 7/23 , 1936 18. H. Brawn Registrar.	(Signad) There & Bolas M. D. (Address) Sekton w.d.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ANG	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	L PLACE OF	DEAT	Н		
	County	eci	l		
	Village or Ci	ity Po	at Def	sout	• 
1	Length of resid	dence in city	or town where d	eath occurred 4	Lyrsr
	2. FULL NA	ME C	2.C.ar	16.5	rest
careton:	(a) Resident	ce: No		(Usual place o	of abode)
	PERSON	AL AND	STATISTI	CAL PARTIC	CULARS
3.	male	4. COLOR	OR RACE	()	(write the word)
5a.	If married, widow HUSBANO of (or) WIFE of	ed, or divorce	la 7	rist	
6.	DATE OF BIRTH (	month, day,	and year) Le	st 11	1870
7.	AGE Year	3-	Months /	Deys 9	If LESS than I day,h ormin.
NOI	kind of w	ork done, a:	s SPINNER	lacks	nith
CUPAT	9. Undustry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc.				
Ö	this occur	Pation (mont	ed at the and 19		me (years) t in this pation
t2.			Port	Deput	nd:
ER	13. NAME	Ed	mulan	1. Fris	1
FATH			m Port	Depo	ret
HER		/	ames	1. Ha	info
MOTH			( Port	Lepson Co M	ir
17.	. INFORMANT (Address)	ella	u Fr	ist	Md
t8.	BURIAL, CREMATI	ION, OR RE	- 10 1	Date Jul	23.,193
19.	. UNOERTAKER	1.6.	Typo	n, 0	
	3. Samuel FATHER 12 OCCUPATION 12 18	County	County Village or City Length of residence In city Length	Village or City.  Length of residence In city or town where december 2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTI  3. SEX  4. COLOR OR RACE  ALCOLOR OR RACE  4. COLOR OR RACE  Months  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  1. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  14. Oate deceased last worked at this occupation (month and year)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CRÉMATION, OR REMOVAL  Place  Place  18. BURIAL, CRÉMATION, OR REMOVAL  Place  18. BURIAL, CRÉMATION, OR REMOVAL	County  Village or City  Length of residence In city or town where death occurred  2. FULL NAME  (a) Residence: No.  (Usual place of PERSONAL AND STATISTICAL PARTIC  3. SEX  4. COLOR OR RACE  MON all  4. COLOR OR RACE  5. SINGLE, MARK OR DIVORCED  MUSBANO of (en) WIFE of All  5. AGE  Years  Months  Deys  4. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CRÉMATION, OR REMOVAL  Place  Place  18. Direction of the profession of t

(Address)

If LESS than I day, ....hrs. or\_\_\_\_min.

Registrar.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

940	
Registration Dist. No. 95	
No. St., death occurred in a horpital or institution, give its NAME instead of street and n  ds. How long in U.S. If of foreign birth? yrs. mo	
If U.S. Veteran specify WAR	
St., Ward.  If nontesident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Month) (Day)	193 (Year)
i last saw h con alive on 1936, to m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence	leceesed from
were as follows:	Oate of onset
Thom's Allyreantites	Jans 36 1925 6
Other Contributory Causes of Importance:	
Neme of operation Date of	
Whet test confirmed diagnosis? Was there an a	
23. If deeth was due to external causes (VIOL ENCE) fill In elso the following:  Accident, suicide, or homicide?	, 19
Manner of injury	
24. Was disease or injury in any wey releted to occupation of deceased?	M. D.

V. S. No. 1

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Example I	1	Example II	
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Arteriosclerosis AND A 100A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A. I	

V. S. No. 1

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IIS	be	be	Jo
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
LA	pli	D	ry
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STATE OF	MARYLAND—CERTIFICATE	OF	DEAT
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7234

1. PLACE OF DEATH			. /
County Cece	WITHIN GUAPORATE CIMI		~
Village or City Election		No. Muron Hospital St.	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and	
0 .	0,-11	ds. How long in U.S. If of foreign birth?yrsr	nosds.
2. FULL NAME Wuds	ew Tebbe	If U. S. Veteran, specify WAR	
(a) Residence: No. Ur	2Known (Usual place of abode)	St., Ward.  If conresident give city or town an	d State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Coloral	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced + HUSBANO of (or) WIFE of Adelaid	Libbs	22. I HEREBY CERTIFY, That I attended	
(or) with the contract of the	4	6-27- 1926, to 7-3-	19.3
6. DATE OF BIRTH (month, day, and year)	maha 1852	I last saw h land alive on Quelly 2 19.34	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
84	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1 % Trade profession or portionles	ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ay Labores_		9
Andistry or business in which		more protunte	
work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation		
5	11 4 0	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	v free		
(State or country)	my care	Chrone Interstitual	
13. NAME Thomas !	sibbs	William hos.	
13. NAME Hornes !	reformalie	Name of operation	
(State or country)	ruformalie	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME TO in	Longetion	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME W	- 1		
16. BIRTHPLACE (city or town)	The state of the s	Accident, suicide, or homicide? Oate of injury	, 19
(State of Country)	Durie	Where did injury occur?(Specify city or town, county and St	
17. INFORMANT TO THE COL	record 1	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC P	LACE.
(Address) Utton	and .	***************************************	
18. BURIAL, CREMATION, OR REMOVAL	2 hely 7 31	Manner of injury	
Place	Date	Nature of injury	
19. UNDERTAKER 14- W. 1. (Address) Clyctory	Frid	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED July 6, 1936 J	Rouse Drage	(Signed) Australia (Signed) (Signed) (Signed)	M. D
1		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example I	n n	Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1936	July 5,1927	Perilonilis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7235
1. PLACE OF DEATH	
County Lelegy	Registration Dist. No. 97
Village or City Childs of UC	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in oity or town where deeth occurredyrsmos	
2. FULL NAME Clwood Fray	hot a Viteran
(a) Residence: No. Consuite alias ) Lome	St. Ward.
(Usual place of abode)/	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) WILLDWELL	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Harman Jankens	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) May 4-1865-	I last saw h M elive on ula 9 4 193 Edeath is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated abova, atm.
1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importance wera es follows:
Rind of work done as SPINNER	Deta of one of
kind of work done, es SPINNER, Laborer  AWYER, BOOKKEEPER, alc.	Teneral asterioselerojes 2400 a
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	will serebal Dottery !
kind of work done, es SPINNER,  SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Data deceased lest worked at this occupation (month end yeer)  11. Total time (yaers) spent In this occupation	<i>h</i>
12. BIRTHPLACE (city or town) Passing Sum-Md (State or country)	Other Centributery Causes of importance:
1 1900	
E umble sur	
4. BIRTHPLACE (city or town) Westows! (Stata or country)	Name of operation
15. MAIDEN NAME (Amag Laumma dam	What test confirmed diagnosis? Wes there en eutopsy?
I Committee of the contraction o	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Records at County bone (Address) Chalds Mad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Q'	Manner of injury
Place Tellem out Va Date fully 1, 1936	Neture of injury
19. UNDERTAKER TOTAL A HOULE	24. Was diseesa or injury In any way related to occupation of deceased? No.
20. FILED 7/13 - , 136 J Braus From Registrar.	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	A	Example II	
The principal cause of death and related cause of importance were as follows:	Date Fonsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1918	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1997	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82.00
County	Registration Dist. No.
Village or City (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME /aylor # av	yan, not a Villian
(a) Residence: No. Chulle 14	Ost, Grace
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. ST.   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVIRCED (write the word)	· / & 3 193 6
5a. If married, widowed, or divoced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY, That I attanded deceased from
(144): 0 27 18/18	19 <b>06</b> , to 7 7 0 0 , 19 0 6
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.45. III.
00 1 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Frade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A 1191.C
Industry or business in which	04
work was done, es SILK MILL, SAW MILL, BANK, etc	m rece.
10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Primary Cause: Cerebral Examples Suration; Un-
C. C.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	and the second
13. NAME US acclay Hurrington  14. BIRTHPLACE (city or town) Celcif Co	Name of operation
(State or country) maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Makeney	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many Makeney  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Manyland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr Ly Lyuls	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	1/2
18. BURIAL, CREMATION, OR REMOVAL Place Ban View M. Centrate July 26 1936	Manner of injury
6 1287	Neture of injury
19. UNDERTAKER TOPICAL A. TICLIAN (Address)	24. Wes disease or injury in any way releted to occupation of decaesed?
7/27 0 08.	(Signed)
20. FILED 19.20 Registrar.	(Address) Alexa Que 9716
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADY AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
<u> </u>			

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0	item of	pluods
	Every	CIANS
•	SCORD.	PHYSI
5	ENT RE	TLY.
BINDI	ERMAN	EXAC
FOR	IS A F	stated
AARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
N RES	ING IN	AGE
MARGI	UNFAD	supplied.
	, WITH	refully
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	re Pl.	Inous
IJ.	-WRI	mation

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND-CERTIFICATE OF DEATH

DLA	111	2		6	41)	4
Registration	Dist.	No.	96			

1. PLACE OF DEATH		23	
County Cecil		Registration Dist. No. 96	
\	Point, Maryland	(If death occurred in a horpital or institution, give its NAME instead of street and os. How long in U.S. if of foreign birth?	Ward number)
2 FILL MARKE WATER	Dowld W	United States Veteran -	
2. FULL NAME HAUCE (a) Residence: No. 21.05 I	. Eager St., Baltim	ore, StMd. Ward. World War	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and	1 State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male white	OR DIVORCED (write the word)	July 21 (Month) (Day)	, 193 <b>6</b> • (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That i attended  May 2 19 32 10 July 21	
C DATE OF BIRTH (mark)	Jan 13 1890	i last saw h im alive on July 21, 19.30	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10:38 mP Me	; death is said
40 6	1 day,hr:	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Total advantage and the	ormin.	were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER,	Laborer	Lober pneumonia	7-16-36
SAWYER, BOOKKEEPER, etc	LAUOLEL		
work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this occupation not k	noun	
7-9		Other Contributory Causes of importance:	
	Ltimore aryland	General Paralysis, cerebral type	not
		- General paralysia of the insant, is	Chown
13. NAME not know -	1e cense d	mesont. Curly R.	
14. BIRTHPLACE (city or town)	<b></b>	Neme of operation Date of Laboratory reports	
(State of country)		What test confirmed diagnosise - Clinical - reporting an	autopsy?Xe
15. MAIDEN NAME not kno	m - deceased	23. If death was due to externel causes (VIOLENCE) fill in also the following	g:
		Accident, suicide, or homicide?	, 19
State or country)		Where did injury occur?	
17. INFORMANT Hospital r. (Address) Gerry Ca		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURNAL GREMATION OF REMOVAL		Manner of injury	
Place Baltimore, M	d . Date 7/22/ 19 36	Neture of injury	
19. UNDERTAKER GEO.T. PE	WINGTON & SON	24. Was disease or injury in any way releted to occupation of deceased?	-
Havre, de	Grace, Md.	If so, specify C + Q Q A M A	
20. FILED. 11.27 36 , 15 leans	leado Morrisa	(Signed) C. F. DAVIS M.D. Clin	Direct.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Data of onset importance were as follows: of importance were as follows: Atlack of epilepsy 1915 Arterioselerosis 1 week ago 1931 Chronic interstitial nephritis Run over by street car 1 week ago July 5.1927 Paritoritis Cerebral hemorrhage 3 days ago 岩 Other contributory causes of importance: Other contributory causes of importance: May 1, 923 Gallstones Gast Interitis 1 year

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	CERTIF	CATE	OF	DEAT
SIAIL	OI	MALIF	AIYU	CLIVIII	ICAIL	OI	DLAI

.1. PLACE OF DEATH		(b)	7238
County Cocil		Registration Dist. No9	
	(1	fac 161ty, Perry Point, Maryland St., f death occurred in a horpital or institution, give its NAME instead of street and s. 10 ds. How long in U.S. if of foreign birth?yrs	number)
2. FULL NAME HAUSNER.	Ant on		
(a) Residence: No. Gembrills, N		St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH July 26  (Month) (Day)	., 193 <b>6</b> (Year)
5a. If married, widowed, or divorced HUSBAND of			
Matilda Hausner		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	24,1862	t last saw him alive on July 26 19 36	
73 8	Days  If LESS than  1 day,hrs.  ormin,	to have occurred on the date stated above, at 3:32 _P .M.	
No. SAWYER, BOOKKEEPER, etc. No.	t known	Lobar phenmonia	7-18-36
9. Industry or business in which work was done, as SILK MILL,	00		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) York Cou (State or country)	hty, Pa.	Other Contributory Canses of Importance: - Arterioscle rosis, cere brel	t kooni
13. NAME John Hausner			
13. NAME John Hausner  14. BIRTHPLACE (city or town) Germany (State or country)		Name of operation Date of What test confirmed diagnosis?	autoneu? Me
15. MAIDEN NAME Not known		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Not known  16. BIRTHPLACE (city or town) Germany (State or country)		Accident, suicide, or homicide? Date of injury  Where did injury occur?	-
17. INFORMANT Homital records (Address) Fury Church Mu	· <i>y</i>	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	nie) LACE.
18 DURIAL, OR MAN HON, OR REMOVAL		Manner of injury	
Place Balt imore, Md. Date	July 27 , 19 36	Nature of injury	
19. UNDERTAKER GEO T. PENNINGTON		24. Was disease or injury in any way related to occupation of deceased?	No
20. FILED 7/27/30, 19 Maries 1	a py hand work	(Signed) TOAVIS M.D. Clinic	al Dir.

V. S. No. 1

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	HIREAL V. S.			
	The same of the sa			
Other contributory causes	of importance:		Other contributory causes of importance:	3.
Gallstones		May 1,1923	Gastroenteritis	1 year
West Line In the Control of the Cont				
				Mary top to
				·

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSIC	HAN

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Example I	3	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ANG A 1800	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
120			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

vrs. mos. ds.

. That I attended deceased from

Date of\_\_ ----- Was there an autopsy?-----

# ATH

	7 a 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 724
M	item of infor- should state of OCCUPA.	1. PLACE OF DEATH  County Cill  Village or City Electoru  (If	Registration Dist. No. 4 9 2  No. Word of the standard of street and number)  I death occurred in a horpital or justitution, give its NAME instead of street and number)
•	CORD. Every PHYSICIANS ict statement	2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward. Charlestown Mes  If nonresident give city or town and State
DNG.	NENT RECC CTLY. PI ified. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write theyword)  5e. II merried, widowed, or divorced HUSBAND of ()	21. DATE OF DEATH  21. DATE OF DEATH  (Nanth) (Dey) (Ye  22. I HEREBY CERTIFY. That I attended decease
OR BINDING	IS A PERMA stated EXA properly class certificate.	6. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months Days If LESS then 1 day,hrs.	I iset saw h alive on 1936, to 1936; deeth to have occurred on the dete steted above, at 7,25 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
RESERVED F	K—THIS nould be may be back of	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end spant in this spant in this companion).	Cerebral 26
	NFADING INI plied. AGE sl erms, so that it instructions on	10. Date deceased lest worked at this occupation (month end yeer)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
MARGIN	ITH U	13. NAME The maskall  14. BIRTAPLACE (city or town) State or Salard  (State or country)	Name of operation
	r, W] arefu H in ]	15. MAIDEN NAME Cleva Howler  16. BIRTHPLACE (city or town) Harthord	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?

-WRITE PLAINLY,

mation should be car CAUSE OF DEATH TION is very import V. S. No. 1

MOM

(State or country)

(Address)

(Address)

19. UNDERTAKER

20. FILED YM

If so, specify (Signed)

24. Was disease or injury In any way related to occupetion of deceased?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, ar in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

Where did injury occur?\_\_\_\_

Manner of Injury

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis To FORTUED	1915	Attack of epilepsy	1 week ago
Chronic interstitial negligitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

,	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
,	em of	pluods	F OCC
	y it	202	t 0
	. Ever	ICIAN	temen
	RD	IYS	st
	RECC	. PF	Exact
· In	LN	LY	·i
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	MA	Y	lass
BIL	ER	国	y c
MARGIN RESERVED FOR BINDING	AF	ted	perl
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G G	HIS	pe	be
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D)	RIT	tion	OSI
-	M-	mai	CA

N. B.-WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 7241
County Ceal	Registration Dist. No. 90
Langth of rasidance in city or town where death occurredyrs,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. II of foraign birth? yrs. mos. ds.
2. FULL NAME UERRY HUMME  (a) Residence: No. Earlandle R.D.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Willowed	21. DATE OF DEATH 7 - 16 (Par) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Lunknown	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaer) Mukenows 16	I last saw h alive on, 19; death is said to have occurred on the date stated above, at #4. A_m.
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at m,  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as to low:  Date of onset
8 Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, Casses	Club Bry carditis
9. Industry or business in which work was done, as SILK MILL, Masters SAW MILL, BANK, atc	J
10. Date decessed last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	Othar Contributory Causes of importanca;
12. BIRTHPLACE (city or town) Lukeroww (State or country)	
13. NAME UNKNOWN	
14. BIRTHPLACE (city or town) (Steta or country)	Name of operation
16. BIRTHPLACE (city or town)	23. If death was due to externel causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Salaville In Ra	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMODEL Placescellose Consetterato 7/19/, 1936	Manner of Injury
19. UNDERTAKER The A Coppage	24. Wes disaasa or injury in any way related to occupation of recaased?
20. FILED Sty / 8 , 19 3 C C Collegestrat.	(Signad) (Address) (Address) (Cononer

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	fi	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis GECE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Ceal	Registration Dist. No. 42
Village or City Elblun	(If death occurred in a horpital or justitution, give its NAME justead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mineum a	Sen
T 00+ 1000	anylandst., Ward.
(Usua)place of abode	It uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write)	
5e. If married, widowed, or divorced	(Mo th) (Oay) (Yeer)
HUSBANO of (or) Wife of	22. I HEREBY CERTIFY, That I attended deceased from
courand succession	1000 July 1 , 1936, to July 1 , 1936
6. DATE OF BIRTH (month, day, end yeer)	I lest s w h elive on 1936, deeth Is sald
	LESS then to have occurred on the dete steted above, at
	were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc	Dealille
9. Industry or business in which	
SAW MILL, BANK, etc.	
10. Date decessed lest worked et this occupetion (month and year) - year) - ccupation - cc	5
00:01	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (Stete or country)  May land	yang pene 7 from
E 13. NAME John 9. adams	1 1
14. BIRTHPLACE (City or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Madaluk Huga	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIOEN NAME Modalell Huge 16. BIRTHPLACE (city or town) mt Phogast	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Madalene ligans Bro	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) & Chatan Milany and  18, BURIAL, CREMATION, OR REMOVAL	
Place Clater Colored Con Octo Duly ) 1	Menner of injury
mul a el ()	Neture of Injury  24. Was disease or Injury In eny way related to occupation of deceased?
19. UNDERTAKER TOUGH A Travell	If so, specify
7/0 3/02 3	(Signed to a junionell M. I
20. FILED 1 7 , 1906 X JI CALSTI JULI	Kegistrar. (Address) W Coul
If more blanks are needed, address St	tate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ALC 6 1936	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Control of the Contro			
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			1-1-10-11

# STATE OF MARYLAND-CERTIFICATE OF DEATH

.D. Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT RECO ARGIN RESERVED FOR BINDING

N. B.-WRITE PLAINLY,

V. S. No. 1

	F MARYLAND—	CERTIFICATE	OF DEATH	
1. PLACE OF DEATH		(52)		
County Clerk			Registration Dist. No.	
Village or City Roculano	Culle Md.	death occurred in a horpital or institu	ion, give its NAME instead of street an	Ward Number)
Langth of residence In city or town where de				
2. FULL NAME Educar	1. Kule	If U.S. Veteran specis	y WAR	
(a) Residence: No.		St., Ward.		
	(Usual place of abode)		If nonresident give city or town a	
PERSONAL AND STATISTIC			ERTIFICATE OF DEATH	
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	(Year)
a. If married, widowed, or divorced HUSBAND of	V.	22. I HEREBY	CERTIFY, That I attended	ed deceased from
(or) WIFE of achely	Jyle	Jan-10	1936, to JUly -	8 ,1956
5. DATE OF BIRTH (month, day, and year)	ly 19-185:2	I last saw h eliva on	, 19	; death is said
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date state		
83 # 112	22   1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT	H and related causes of Importance	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	100	Chronia	Ryrandules	1922
SAWYER, BOOKKEEPER, atc	word	Illians J	Diracardila	IIMA
work was done, es SILK MILL, SAW MILL, BANK, etc				
SAW MILL, BANK, etc	11. Total tima (years) spent in this		***************************************	
year) 30	occupation	Other Contributory Causes of Impo	ortance: \(\Delta\)	1
2. BIRTHPLACE (city or town)	ford Co.	Epithelion	a of face-	1976
(State or country)	I Mai		· · · · · · · · · · · · · · · · · · ·	
13. NAME  14. BIRTHPLACE (city or town)  14. Control of country (State or country)	flyce			
14. BIRTHPLACE (city or town)	wel Co		Data of	
	Jan 1		Was thera a	
	- Kiprenek		rses (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	mell.	Where did injury occur?		
17. INFORMANT Algellian	Ryle		(Specify city or town, county and S n INDUSTRY, in HOME, or in PUBLIC	
(Address) Towl and	asuce riar	Manner of injury		
Place M. E. Ces	Date / sely /3, 19.8 /	Neture of injury		
O & E Tun		24. Was disease or injury in any w	ay related to occupation of deceased?	L
19. UNDERTAKER (Address) / P	Tun Md.	If so, specify	MA	/
20 51150 July 14 36		(Signed)	JA-101/100	V M. D.
20. FILED. 19	Registrar.	(Address)	PON LIMBU	Tred.
1 10 . I ha . ms .	r. 1 1 11 C. D.	2411 N. Charles Street, Baltimore, Re	671 6 17	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	23
County Cecil	Registration Dist. No.
Village or City North Cast R &	NoSt.,Ward
, (II	death occurred in a horpital or institution, give its NAME instead of street and number)
M of 1	ds. How long in U.S. if of foreign birth?
2. FULL NAME Showas C. docka	id
(a) Residence: No. Mouth Cast 17 No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	LA DATE OF DEATH
fall sufull fugle	(Month) (Day) (Yeer)
5a. If married, widowad, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(0) 1112 01	Ince /8 1076, to July 7 196
6. DATE OF BIRTH (month, day, end year) Mar 15 1906	Mast sew h alive on
7. AGE Years Months Days If LESS than	to have occurred on the data states above, atm.
30 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc daborer	(Pulman onberulon)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decaasad last workad at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation coupation	
T 21-10	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Juny 7 dock and 14. BIRTHPLACE (city or town) Elb heck	
14. BIRTHPLACE (city or town) CAR I LUCIA (State or country)	Name of operation Dete of
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT Henry J. Gottand	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) North Cast 4 N Ma	
Place north East. Mit lin Oate July 9 1936	Manner of Injury
Soul R III	- Nature of injury
19. UNOERTAKER OLD - TIDUS	24. Was disease or injury In eny way related to occupation of decaased?
(Address) A orth East Md	If so, specify
20. FILED 7- 9230, 19 Let U. Quens	(Signad) / Cl. XXXXX VV XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Registrar.	(Addrass) // CO. L. V. T. () / N. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
AUG 3 1936				
Other contributory causes of importance: S-		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		93-0
County lecel	_ 0	Registration Dist. No. 92
Village or City Elktor		NoSt., Ward
Length of residanca in city or town who		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos,ds
2. FULL NAME LEVI	Lotinacian	
T		If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	9 +	
(or) WIFE of	sounde	22.   HEREBY CERTIFY That I attanded deceased from
	26- 7 1849	I last saw has alive on 196 daath Is sair
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   If LESS than	to have occurred on the data stated above, at 7 - 4 - m,
117 2	/ 7   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
4 % Trade profession or posticular	7	wara as follows: Dete of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer	
9 Industry or husinass in which		
work was dona, as SILK MILL, SAW MILL, BANK, atc.		-
	11. Total time (yaars)	
yaar)	occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	sofrake City	acut Bronchitis
(State of country)	asyland	- Chronic myocarditis
13. NAME Howy Total  14. BIRTHPLACE (city or town).	thean	
4 14. BIRTHPLACE (city or town)	ton /2001	Name of operation
(Stata of country)	- any land	What tast confirmad diagnosis? Was thara an autopsy?
15. MAIDEN NAME Clara  16. BIRTHPLACE (city or town) EL	Msworth	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Kton RD 2	Accidant, suicida, or homicide? Data of injury19
∑ (Stata or country) ma	nyland	Whara did injury occur?
17. INFORMANT Mrs Euros	a Toturar	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Elkton 7	no KD 2	
18. BURIAL, CREMATION OR REMOVAL	2.0. 7 36	Manner of Injury
Placa	7 Date 7 19 X	Nature of injury
19. UNDERTAKER 24. W.P. (Address) Electore	This	24. Was diseasa or injury in any way related to occupation of dacaasad?
20. FILED July 7 , 1936	Maus & Maye	(Signad) Alle Coleo M. I
Ifn	nore blanks are needed, address State Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I		Example II	
The principal cause of dea of importance were as foll	th and related cause	B Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	S. July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7246
state UPA	1. PLACE OF DEATH	93.0
ould OCC	County Class	Registration Dist. No. 42
should of OCC	Village or City Claton,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		deali occario in a hospitato institution, give its tvalvie, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME THOMAS D. ME	WS If U. S. Veteran, specify WAR
RD. I YSIC state	(a) Residence: No. Elaton Ind.	St Ward.
	(Usualplace of abode)	If nonresident give city or town and State
RECO. Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NENT RICTLY.	Male  4. COLOR OR RACE  OR DIVORCED (white the word)	21. DATE OF DEATH 7
A A SS	5e. If merriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended dacaased from, 19, to
ERM EX r cla te.	6. DATE OF BIRTH (month, dey, and yeer) Febr 16 1856	I last saw h; death is said
IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at
IS A state prop	80 4 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
**	8. Trada, profassion, or perticuler Monday dome as SPINNER	Hisping of treatment by Date of one of
HIS be be c of	kind of work done, as SPINNER, Merchant SAWYER, BOOKKEEPER, etc.	phyphican for
nay back	Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.	Chiforne flyotaxlis
E sh t it	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaasad last worked et this occupation (month and 6/36 year)  11. Total time (years) spant in this occupation	Clark Diffatalion
NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town) Parksleung	Other Contributory Causes of importance:
FA] ied. ns, stru	(State or country) Pa	
- C W	13. NAME John & Mews  14. BIRTHPLACE (vity or town). Parksburg	
H U suj	14. BIRTHPLACE (vity or town). Parkaburg (Steta or country)	Name of operation
ITT illy pla	# 15. MAIOEN NAME Lizzie Mews	What tast confirmed diagnosis? Was there an autopsy
W refu in	I IS. MAIDEN NAME	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
INLY, W be carefi EATH in importan	16. BIRTHPLACE (city or town) Parkaburg  (State or country)	Accidant, suicida, or homicide?
	17. INFORMANT Mrs Flannie B Lucas (Addrass) Electron and	Whare did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
240	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
E E	Place Elkton Cemetry Date July 5, 1936	
WRITE mation s CAUSE TION is	19. UNDERTAKER To White (Addrass) Election and	24. Was disease or injury in any way related to occupation of deceased?
E E	20. FILED July 4, 136 & mass Janes Reghter.	(Signed) Meurley W. Johnsoner
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage   BUREAU V	S July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-	state	UPA-	
tem of	plnods	of occ	1
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
CORD.	PHYSIC	ct stat	
NT RE	LY. ]	. Exa	
MANE	ACT	assified	
A PER	ed EX	erly cl	ficate.
IS IS	e stat	oe prop	of certi
K-TH	hould	may !	back o
NG IN	AGE S	that in	ions on
NFADI	plied.	rms, so	nstruct
TH U	lly sup	plain te	See i
LY, W.	carefu	TH in	portant
PLAIN	onld be	F DEA	TION is very important. See instructions on back of certificate.
RITE I	ion sho	USE O	N is V
-WI	mat	CAL	TIO

N. B.-WRITE PLAIN

V. S. No. 1

1. PLACE OF DEATH	(94%)
County Cecil	Registration Dist. No. 92
Village or City Elector 12 2	No. St., Ward
Length of rasidence in city or town whera daath occurrad 18 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME norma Hart M	ore If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	(word) July 22 193
5a. If marriad, widowed, or divorced	
HUSBAND of or a a moor	22.   HEREBY CERTIFY, That I attended daceased from
0.0 12 14	97 , 1923 to July 22 , 1936
6. DATE OF BIRTH (month, day, end year) 13. 8 7. AGE Years Mooths Days If LE:	I last saw h
39 g I day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	min. were as follows:  Oute of onset  7/2 2/7
kind of work done, as SPINNER, June SAWYER, BODKKEEPER, etc.	100
9. Industry or business in which	Not complicated by a pure peral con-
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME Zdward Hart  14. BIRTHPLACE (city or town) Chesterton, R	
4 14. BIRTHPLACE (city or town) Charles (Steta or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMELOLA Reyrold  16. BIRTHPLACE (city or town) Touthseud	23. If daath was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Country (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State of Country) Access are	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Joan Color Comments (Address) Flotton and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	, Mannar of injury
Place Witton Cerulay Date puly 23	, 193. Nature of injury
19. UNDERTAKER 24. W.P. This (Address) Elitory hid	24. Was disease or injury In any way related to occupation of deceased?
20, 1160/	gistrar. (Address) Teklon M. O

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10.—The month and year the deceased last worked at the occupation.

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te of onset	The principal cause of death and related causes	Data of areas
	of importance were as follows:	Date of Ouset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
ay 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1921 ly 5,1927	1921 Run over by street car ly 5,1927 Peritonitis  Other contributory causes of importance:

15. MAIDEN NAME 7111

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION OR REMOVAL

7910

STATE OF	MARY	LAND-	CERTIFICATE OF DEATH 7248
EATH .			23 91
300		A	Registration Dist. No. 46
Lord De	1/10	21	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town where death	occurred	yrsmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
Ethy	el s	IM	organi U. S. Veteran, specify WAR
o. Jark	De 0	sail.	St., Ward.
AND STATISTICA	(Usual place of		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
olor or race 5. S	R DIVORCED	(write the word)	21. DATE OF DEATH  Yuly 20, 193 6  (Month) (Day) (Year)
diyorced )		)	
harles Me	wrg	an	22. JI HEREBY CERTIFY, That attanded deceased from
, day, and year May	240,1	1890	I last saw h. er aliva on fulf 20/, 19 56; death is said
Months	Days	If LESS than	to have occurred on the data state above, at #72.4.5 Am.
12	0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows
or particular one, as SPINNER, KKEEPER, etc.	use	varlo.	Pulmonary tuherculosis
ss in which	w/fa	uls	
marked at (month and 1936	11. Total tim	e (yaars) in this 30	
own Greens	ille.	10	Other Contributory Causes of importance?
Hirga	will	L.C.	
tander 1	Vill		
or town) rundsu	the	rolina	Name of operation Data of Data of What test confirmed diagnosis? Apullula Was there an autopsy? No
ruknow			23. If death was due to external causes (VIOLENCE) fill in also the following:
or town)	kno	vu	Accident, suicide, or homicide? Date of injury, 19
(ry)	3		Where did injury occur? (Specify city or town, county and State)
va B. D.	ingom	d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
OR REMOVAL	70	. 4 4	Manner of injury
soury cem De	10 July	20,1936	Nature of injury
Ja Patte	ream	7	24. Was disease or injury in any way related to occupation of deceased?
Verryon	le, h	no.	If so, spacify
4,19368	Many	Elikegisings.	(Signed) Morge Fill Many M. D. (Addrass) M. D. (Addrass) M. D. (Addrass) M. D.

WRITE

m

MOTHER

17. INFORMANT (Address)

19. UNDERTAKER (Address)

20. FILED.

very important.

LION

OF DEATH

CAUSE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of death and re of importance were as follows:	lated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	4 1056	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PALL V. S	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of import	ance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	*				

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 7249
1. PLACE OF DEATH	47B) GU
County Cesil	Registration Dist. No.
Village or City 15ay Ville	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrs,mos,ds,
2. FULL NAME Edibard Colying, To	rely not a veteran
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Warrel	21. DATE OF DEATH  July  Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of alice Wilson Wasle	22. I HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) Select 9- 186)	1 last saw h in alive on July 24 1, 19. 36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state above, at. 424 54m.
69 10 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as 1 House
as Trade profession or particular	Mildi anting Chremona 1935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Chary (State or country)	Other Compibatory Causes of Importance of Tuillier
13. NAME John Grasle	
13. NAME Police Crashell 14. BIRTHPLACE (city or fown) Crew York (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thank track	23. If death was due to external causes (VIOLENCE) fill In also the following;
15. MAIDEN NAME Wary Wash  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Wife (Address) With Early 570 mol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Fairfrag. Vt Date July 25, 1936	Manner of injury
19. UNDERTAKER - Seph R. Frank (Address) To with E ask mol	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED. 7-24-36, 19 Les W. Owens Registrar.	(Signed) Grand M. D. (Address) Plening Suite, File.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset . 1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
1			
	Other contributory causes of importance:	and the	
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1

STATE OF MAR	YLAND-	CERTIFIC	ATE	OF	DEATH
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6	6	()	U

1. PLACE OF DEATH	93-0
County Ceel	Registration Dist. No. 4
	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Yenry Sermin	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR HIVORCED (wrighthe word)	21. DATE OF DEATH  (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 18 27 - July 22	I last saw h. alive on July 5 , 1936; deeth is said
7. AGE Yeers Months Oeys If LESS than	to have occurred on the date stated above, at
8. Trade, profassion, or particular	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
Kind of work done, as SPINNER, Labor SAWYER, BOOKKEEPER, etc.	Chonic Magazellis 5-7.5
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at his pocuration (month and	Constin desuperistion 1.7.5
10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Dennis Perhins  14. BIRTHPLACE (city or town)  (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME KITTLE ROCKS  16. BIRTHPLACE (city or town) WAS  (State or country)  17. INFORMANT ELEMANT	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date Cumiling Dete ply 24t , 1936	Manner of injury
19. UNDERTAKER 4. Seater Daniels - (Address) Journaud Das	Nature of Injury 24. Was disease or injury in any wey related to occupation of deceasad?
20. FILEO JULY 19 COWAW Registrar.	(Signed) 9, 0, Cush and M. D.  (Address) Mighellution self

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal causes of death and related causes of importance there as follows:	Date of onset
Arteriosclerosis	1915	Mack of Chilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonities C.	3 days ago
		980)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	item of infor-	should state	of OCCUPA-	/
	ECORD. Every	PHYSICIANS	sact statement	
SINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	cate.
MARGIN RESERVED FOR BINDING	NK-TIIIS IS A	should be state	it may be prope	TION is very important. See instructions on back of certificate.
MAKGIN KE	I UNFADING I	supplied. AGE	in terms, so that	see instructions
	LAINLY, WITH	uld be carefully	DEATH in plai	ry important.
. No. 1	B.—WRITE P	mation sho	CAUSE OF	TION is ve

Length of residence in city or town where death occurred yrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2251
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Langth of residence in ally or town where death occurred with a hospital or institution, give its NAME intend of transmission, and the control of the hospital or institution, give its NAME intend of the control of the name	County Ce cil	Registration Dist. No. 92
Length of residence inally or town where death occurred yrsmos. ds. How long in U. S. it of foreign birth?yrsmosd.  FULL NAME  St. Ward. If U. S. Veteran, specify WAR.  (Usual place of shock)  PERSONAL AND STATISTICAL PARTICULARS  3.5EX  3.5EX  4. COLOR OR RACE  5. OR DIVORCED (warite the ward)  5. OR DIVORCED (warite the ward)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  5. Therefore in the state of the	Village or City Elector	
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(a) Residence: No. Selection (Unaplaced abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A: COLOR OR RACE  OR BIVORCED Corner the way  4. COLOR OR RACE  OR BIVORCED Corner the way  OR BIVORCED Corner the way  5. If married, vidowed, or divorced (rov) Wife of (rov	2 FULL NAME Jaac Pierce	If U. S. Veteran, specify WAR
Clustal place of a bode    PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH	(a) Residence: No. Elkton Hotel	
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Male White OR DIVORCED (waite the word)  59. If married, widowed, or divorced HUSSANO of (CR) WIFE of (CR) WIFE of HUSSANO of (CR) WIFE o		
HUSSANO of (or) WIFE of SIRTH (month, day, and year) May 2 / 8 4 0  7. AGE Yeers Months Days IT LESS than 1 day, hrs. or min.  8. Trade, profession, or particuler in the state of work done, es SPINNER, Returned Farmer SANYER, BOOKKEFER, etc.  9. Industry obsiness in which the SAW MILL, BANK, etc.  100 Set Geoses distant worked at this occupation (month and / 9 0 6 spent in this 40 y or may an) (State or country)  12. BIRTHPLACE (city or town) Appendix (State or country)  13. NAME Date City or town) Appendix (State or country)  14. BIRTHPLACE (city or town) Appendix (State or country)  15. BIRTHPLACE (city or town) Appendix (State or country)  16. BIRTHPLACE (city or town) Appendix (State or country)  17. INFORMANT May Addison Atkinson (Address) Listan Addison Area (Address) Listan Addison Area (Address) Listan Addison Area (Address) Listan Addison Area (Address) Listan Area (Address) L	male white OR DIVORCED (write the word)	July 193 6
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR. If nonresident give city or town and State ICULARS MEDICAL CERTIFICATE OF DEATH RIED. WIDOWED. 21. DATE OF DEATH D (write the word) TIFY. That I attended deceased from 1871 to have occurred on the dete stated above, et 11.00. P.m. If LESS then 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence or .... min. Date of onset time (years) upation. Neme of oparation Whet test confirmed diagnosis? \_\_\_\_\_ Wes there an eutopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicida?\_\_\_\_\_ Date of Injury\_\_\_\_ Where did Injury occur?\_\_\_ Spacify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Nature of Injury .... 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEFTUED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	- NIC 9 1935	July 5, 1927	Peritonitis	3 days ago
	HILLEAU V. S.	1		
Other contributory c			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County Ceal	Registration Dist. No. 92
Village or City & lbton	No. Ward / totalles St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John . O. Price	not a Velican
(a) Residence: No. Morth East Mol (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) We colored OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY, That I ettended deceased from
11.21016	, 1920 , to , 1936
6. DATE OF BIRTH (month, day, and year) LEST 2   5 0 5	last sawh   19 ; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 120-m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trede, profession, or particular kind of work done as SPINNER.	
kind of work done, as SPINNER, Carpetter	Clouby Caroling
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Delatation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  occupation	
Carl G	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Dachel Price 14. BIRTHPLACE (city or town)	economic myrmalis
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Milielash Straights 16. BIRTHPLACE (city or town) - M. outh Coast	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT (Mrs.) Helen whitengan	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wilmington Nel	\$8
Place It Marys Cimelin, Date July 18, 136	Manner of Injury
19. UNDERTAKER JOSEPH R. FLANK	24. Was disease or injury in any way related to occupation of deceased?
(Address) A ortheast ma	If so, specify
20. FILED July 18, 1936 Praces ( Social Registray)	(Signed) M. D

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 110 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

V. S. No. 1

AGE should be

## STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(210-m)
1	Village or City Clobon, THIN CORPORATE	Registration Dist. No. 7  No. Cliston Hospital St., Ward
	1	(If death occurred in a hospital or institution give its NAME instead of street and number)  mos. 6. ds. How long in U.S. if of lorelgn birth?
	2. FULL NAME JULIUS E. PYL  (a) Residence: No. 123 Smithwood  (Usual place of abode)	St., Ward. Calonsulle Ind.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the work  William Color of the work  Or Dividion Color of the	7 - 10
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cothering	22. I HEREBY CERTIFY, That I attended deceased from
te.	6. DATE OF BIRTH (month, day, and year) 1-3-1861	I last saw h alive on, 19; death is said
certificate	7. AGE Years Months Oays If LESS the I day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
of cer	8. Trade, profession, or particular kind of work done, as SPINNER, one of Corlock SAWYER, BDOKKEEPER, etc.	la Hacland Souls 14/36
	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Internal hemorehay
no si	10. Date deceased last worked at this occupation (month and 7/3/3/6) 11. Total time (years) spent in this occupation.	
instructions on back	12. BIRTHPLACE (city or town) Concerns Constitution (State or country)	Other Contributory Causes of Importance:
nstr	# 13. NAME Julius & Tyland.	
See i	14. BIRTHPLACE (city or town): Sund levge (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy 20
nt.	15. MAIDEN NAME Hansbyung	23. If death was due to external causes (VIO) ENCE; fill in also the following:
important	[ 16. BIRTHPLACE (city or town) Survey	Accident, suicide, or homicide Date of injury 7,19.30
imp	17. INFORMANT Educada Sylvania	Where did Injury occurred (Specify city of fown, county and State)  Specify whether injury occurred in INOUSTRY, In Mode, order PUBLIC PTACE.
very	(Address) J Hillsele pe Jovon	Til Cloto - flagger Dighay Contit 40
200	18. BURIAL, CREMATION OR REMOVAL MIS Date July 13 18	3.6 Nature of injury Cocles Asbull
TION	19. UNDERTAKER TO LINE OF What clief & Sors	24. Was disease or injury in any way related to occupation of deceased?
)	20. FILED Sules 10,193 (e & Francis Francis	(Signed) Stanley V. Jeffers
	Registra	
	If more blanks are needed, address State Regi	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July5, 1927	Peritonitis	3 days ago
Other contributory causes of imprance:	//DC	Other contributory causes of importance:	
Gallstones	May 1,192	Gastroenteritis	1 year
	<b>13</b>		

Every item of infor-Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. AGE should be -WRITE PLAINTY,

TARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state of OCCUPA. certificate. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

1. PLACE OF DEATH	(104-6)
County Cecil	Registration, Diet No. 92
Village or City Etton	No Misson Hospital St. Ward
10 m	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrs.	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Collian of Re	ley If U. S. Veteran, specify WAR.
(a) Residence: No. 228 W Zualu	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 18 1936 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Dec 29 187	/ Clest saw him elive on fiely 18 1 1936 deeth is serio
7. AGE Years, Months Deys If LESS then	to have occurred on the deve steted ebove, et 10 Qm.
(e) 6 10 1 dey,h	
8. Trede profession or particular	Cerebral menengitis 7-9-36
8. Trede, profession, or particular kind of work done, es SPINNER, muselland SAWYER, BOOKKEPER, etc	Course ( , , as confictor ) , , , s,
Andustry or business in which work was done, as SILK MILL,	<u> </u>
SAW MILL, BANK, etc	
10. Dete decesed last worked et this occupetion (month end 1936) spent in this occupetion (cupetion)	
Rice 7 trell - N	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Infection of the Eltimoid
	- bond 6-17-
13. NAME 14. BIRTHPLACE (city or town). Easton / Claley	
14. BIRTHPLACE (city or town)	Neme of operation
	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Sarah & Cutter  16. BIRTHPLACE (city or town) North East	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Deta of Injury
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT hus 2 deth 2 / Cally	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) efter hid	
18. BURIAL, CREMATION, OR REMOVAL Place Without Carea by Date July 24 19 3	Menner of injury
Plece Withou Carolin Date July 24 , 19?	Neture of injury
19. UNDERTAKER 74 COPPER	24. Was diseese or injury in eny wey related to occupetion of deceesed?
(Address) Peter Tud	If so, specify 7 - 2
20. FILED July 71, 1936 Sandi Store	(Signed) Cr. Moruson M. D
Registrar.	(Address) Elklore, Mill
If more blanks are needed, address btate Registr	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage R = C = 1	July 5,1927	Peritonitis	3 days ago
AUG 6 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH  County  County	108
CALLE	Registration Dist. No.
Village or City Control Length of residence in gity or town where deeth occurred yrs.	NoStWa . (If death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME Ina TI Reed	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE OR DIVORCED (write the transfer of the color of the transfer of the tran	wed, 21. DATE OF DEATH / 2 193 6
HUSBAND of (or) WIFE of Robert Reed	22.   HEREBY CERTIFY That I attended deceased fr
DATE OF BIRTH (month day and year) bearing & 181	1 lest sad he alive on July 19 26; death is s
DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS	1 1 49 0
68 2 4 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, CAT 740000 SAWYER, BOOKKEEPER, etc.	- Parkinson's Desease Jum
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Paugus ag taus)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year)  11. Totel time (years) spent In this occupation	Lube Incumores ( Pt sich ) fof
2. BIRTHPLACE (city or town) Willowg con (State or country)	Other Contributory Causes of importance:
13. NAME John Coopers  14. BIRTHPLACE (city or town) Wielangrove (Stete or country) Delaware	Name of operation
15. MAIDEN NAME Elizabeth Cerbbage	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Wellow grown  (State or country)	Accident, suicide, or homicide?Date of injury19
(State or country) Delaware	Where did injury occur?(Secilar situations and State)
INFORMANT W= Forbert (Address) Dove Delaware	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVALCOUNDER July 15	Menner of injury
9. UNDERTAKER 27. W.P.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Electory Teed	If so, specify State of the second of the se
D. FILED //12 - 1936 + Srown fra	(Signed) Club Club Charles M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

PHYSICIANS should state

of OCCUPA-

Exact statement

item of infor-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

FOR BINDING

IARGIN RESERVED

stated EXACTLY. properly classified.

AGE should be

IION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

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	Example I	li	Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1936	July 5, 1927	Peritonitis	3 days ago
	BURBAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

- 1	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7257							
in to	state UPA-	1. PLACE OF DEATH								
/	= 2	County Cearl	(120) Registration Dist. No. 15							
ite m	pinous	Village or City Conowings (near)	NoSt.,War death occurred in a horpital or institution, give its NAME instead of street and number)							
	2 =	Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosd							
Every	y SICIAN Statemen	2. FULL NAME Marian Kathy Rice								
	tate	(a) Residence: No. (near) Constined	St., Ward.							
1		(Usual place of abode)	If nonresident give city or town and State							
REC	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH							
NT R	,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)							
ANE	ssified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fro							
BINDIN	clas e.	6. DATE OF BIRTH (month, day, and year) lon, 24, 1927	Hast saw Land alive on July 2 1936; death is sa							
P4 .		7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.30 G, m.							
FOR IS A	stated properly certifical	9 5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:							
- 70	be st be pr of ce	8. Trade profession or particular	Cente andrites: meaning/ 7/21							
RESERVED G INK-THIS	may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent In this								
ER.	should it may n back	SAW MILL, BANK, etc	acute gastro-enterities Duration: terosity-							
SE SI	0 4 5	O 10. Date deceased last worked at this occupation (month and year)	four hourse Course							
E S	AGE that ons	DI I . VI. Day	Other Contributory Causes of importance:							
RGIN	oplied. AGI erms, so tha instructions	(State or country)	Superfice dies							
N.F.	y supplied ain terms, See instri	II 13. NAME Groves Rice								
D D	sup in te See	14. BIRTHPLACE (city or town) Rolandulle (State or country)	Nama of operation Date of							
	.= rn	(Grade of Godina)	What test confirmed diagnosis? Was there an au'opsy?							
M.	carefully FH in pla ortant.	15. MAIDEN NAME Franceis Harvey	23. If death was due to external causas (VIOLENCE) fill In also the following:							
a i	be carcful EATH in I important.	16. BIRTHPLACE (city or town) Marrisville (State or country)	Accident, suicide, or homicide?, 19, 19							
	be SAT	(State or country)	Where did injury occur? (Specify city or town, county and State)							
	hould be car OF DEATH very import	17. INFORMANT Trong Ticl	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.							
죠.	Should OF D	(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury							
-	E .=	Place Oak Wood Cemetay Date July 5 , 1936	Nature of injury							
WRIT	mation s CAUSE TION is	19. UNDERTAKER Ralph MorRised	24. Was diseasa or injury In any way related to occupation of deceased?							
6.1	EOH	(Address) Riding Sun, Md.	If so, specify							
vi .	T	20, FILED 7/ 15- 19 3/6	(Signed) The state of the M.							
s Z	A.L	Lome my armigherenistrar.	(Address) Darlington The							
(	Jun	Wil worth Jalf more blank to new Jedress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.							

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago
JUL 14 1036			
Other contributory causes of importance. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

356	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					
		15.				

of OCCUPA-

MARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECORD. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

1. PLACE O	F DEAT	н				
County	CEC:	IL			Registration Dist. No. 96	
Length of res	sidence in city	or town where	<b>.</b>	7_yrs. 9 mos	ND. Vateraus Administration of death occurred in a hospital or institution, give its NAME instead of street and not included.  If U. S. Veteran, specify WAR North Naraburg, Ward.	sds.
			(Usual place	of abode)	If nonresident give city or town and	State
			ICAL PART		MEDICAL CERTIFICATE OF DEATH	- 11
3. SEX	4. COLUK	or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  July 15 (Day)	, 193 <b>6</b>
5a. If merried, wido HUSBAND of (or) WIFE of	w <b>-0</b>				22.   HEREBY CERTIFY, That I attended of September 26,19 28,10 July 15	deceased from
6. DATE OF BIRTH 7. AGE Ye	(month, day,	and year)	arch 8,		1 last saw him alive on July 15, 19.36	; death is said
7. AGE 16	47	4	Days 7	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 11:49. The The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
9. Industry or work we shaw mi 10. Date decease this occurrence (State or course) 12. BIRTHPLACE (Constitution of the shaw mind of the shaw mi	business in vasa done, as Still LL, BANK, etc sed last work upation (mont)  Classification ity or town)  Intry)	which LK MILL,  ed at h and  TY-SIN	11. Total t spe occ.	& Painter ime (years) ntin this upation 11 yr	Dther Contributory Causes of importance:  General Paralysis, cerebral type  k	not
(State o	r country)	n) <b></b>	<u>.</u>		Name of operation Date of What test confirmed diagnosis? Was there an eq	utannu? Da
15. MAIDEN NA 16. BIRTHPLAC (State o		italres	known cords		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:,19
18. BURIAL CORNA		MOVAL Pa	Date 7//	7/36,19	Manner of injury	
19. UNDERTARED (Address) 20. FILED July	Perr. 16.,19	36 Klea	tizen RSON Md. erla Cl.	Mogruson Gregistrar,	24. Was disease or injury in eny way related to occupation of deceased?	M. D.
-		If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	p4.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C C C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
BURFAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 77,89
1. PLACE OF DEATH	93-0
County Cecil	Registration Dist. No. 70
Village or City Perry Point	NoSt.,Ward
()f	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JERESSA. B. Sim	pers
0.0.	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)	21. DATE OF DEATH July 28 4 100 6
Temale White Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	I HEREBY CERTIFY, Thet I ettended ticeased from
Having of Junipers	, 1936, to 18 1936
6. DATE OF BIRTH (month, day, and year) . May 29 18/9	Mast saw h 3 ; death Is said
7. AGE Years Months Pays If LESS than 1 day,hrs.	to have occurred on the day stated above at
(00 1 29 ormin.	were as follows:
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Thrombo phlabili Jal 100
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Por Fepporal Vaine 9 1 +36
10. Date deceased last worked at this occupation (month and year)	+ Ofshodisz Jaunde
h + l &	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Cash (State or country) M M	C. Santi
	to re my
13. NAME (harley), Bay and 14. BIRTHPLACE (city or town).	My of sile
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Checker Share en eulopsy?
15. MAIDEN NAME TELES a Wood	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colith Symples  (Address) Fry Frank mod	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place North Cast M.C. Date July 31, 1936	Nature of injury
19. UNDERTAKER JOSEPH R. Grant	24. Wes disease or injury In any way related to occupation of deceased?
(Address), Aurth Cash, May	if so, specify
20. FILED 1/29 , 1936 To Banders	(Signed) M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1 farmen	Example II	65 256
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:	39	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	Nach		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago DURGAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

# STATE OF MADVI AND CEDTIFICATE OF DEATH

County Ceal	186-Q. Decistration Diet No. 95
	Registration Dist. No. 90
Village or City Quisicle of Fort Wefor	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and oumber)
	osds. How long in U.S. If of foreign birth?yrs,mos,ds
2. FULL NAME Mary Rebecca Thon	from If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTLFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Pernal white OR DIVORCED (write the word)	(Month) (Day) (Year)
63. If merried, widowed, or divorced HUSBAND of (or) WIFE of martin &. Thoughson	22. I HEREBY CERTIFY, That t attended deceased from 1936, to Suy 2 7 1936
6. DATE OF BIRTH (month, day, end year) Lan 13 1851	I last saw h Mailve on AMA 2, 3, 1996; death is said
7. AGE 8 5 - Years 6 Months 11 Days If LESS than	to have occurred on the date stated abova, at 12 92 m.
l day,hrs	The PRINCIPAL CAUSE OF DEATH and retailed ceuses of importance were es follows:
8. Trade, profassion, or particular	Throng My oranil's 1926
kind of work done, as SPINNER, House wife	islus Scenus.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, //occae under SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltimore (State or country)	Other Contributory Causes of Importance:
13, NAME Pole Landery Williams	- Juanio & Junio V
14. BIRTHPLACE (city or town)	Name of operation. Data of
(Stata or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Rebecca Mary Kerry	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Rebessa Wary Kerry  16. BIRTHPLACE (city or town) Outside Post-hlaposit  (State or country)	Accident, suicide, or homicide? Accidenta. Date of injury ganusary, 19.36.  Where did injury occur?
17. INFORMANT Leila R. Dlevelson (Address) Port-Dela seit md. R. D.	(Specify city or town, county and State) Specify whather injury occurred in iNDUSTRY, in HOME or in PUBLIC PLACE.  Fraction femure of the mineral management of the mineral ma
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Hofewell Date uly 22, 1936	
19. UNDERTAKER & E. Typers	24. Was disease or injury in any way related to occupation of deceased?
(Address Aising Sun Md.	tf so, specify
20, FILED WAR 27, 36 0. 4	(Signed) M
Registrar.	(Address) Interpretation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 4 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAUV. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen@ritis	1 year
THE STATE OF THE S			

1. PLACE OF DEATH  County head	(13) Parista in 19
	Registration Dist. No. 2
	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME ada Estelle White	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Throat  T	21. DATE OF DEATH  fully  (Month)  (Oay)  (Year)
ia. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Rev. Frank White	22. I HEREBY CERTIFY, That I attended dacassed from
5. DATE OF BIRTH (month, day, end year) Aug 9. 1878 7. AGE Years Months Days I If LESS than	I last saw h. C. Caliva on J. C. 3 19 3 6, death is sale to have occurred on the date state of above, at 7.135 Pm.
57 /8 4 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Oate of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chrone Suterstilla Misters
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at bis recursion (spotth and	
10. Date deceased last worked at this occupetion (much has been spant in this occupetion couperion couperion couperion	
12. BIRTHPLACE (city or town) Pulably hai (State or country)	Other Contributory Causes of importance:
13. NAME allen B. Dence	
13. NAME Ulan B. Janel  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary ann Jameson	23. If deeth was due to externat causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary ann Jameson  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Rev. High White	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / Large on . mg.	Manner of injury
Place or has dy Cempate July 7, 19 3	
19. UNDERTAKER LE. Typon	24. Was disease or Injury In any way releted to occupation of deceased? No
20. FILEO ASLY 5, 1930,	(Signed) large Willyard J. M.
THINGIAM AND Registrar.	(Address) / Child / Mid.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis 101 14 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			6

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 7262
County Cecil	(3) G7/
Village or City Elekton RD.	No. Registration Dist. No.
(I	MoSt.,Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Samuel M, Whitin	of U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the prord)	ZI. DATE OF DEATH
a. If married, widowed, or divorced O	(Month) (Day) (Year)
HUSBAND of Effic whitner	22.   I HEREBY CERTIFY That I attended deceased fr
	June 15, 1936 to July 11, 193
DATE OF BIRTH (month, day, and year) June 29 1849	Hast saw h alive on 1936; death is s
AGE Yaars Monos Days If LESS then	to have occurred on the data steted above, at 30 m.
87   12   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importanca wage as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, France SAWYER, BOOKKEEPER, etc.	Chimic of
SAWYER, BOOKKEEPER, etc.	- Interplial
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	neguritie 7
10. Data deceased last worked et 4 11. Total time (years)	1 My Ocaralla
this occupation (month and 1436 spent in this occupation	
mayne Country	Other Contributory Canses of importence:
Z. BIRTHPLACE (city or town)  (Stata or country)	
13. NAME Samuel White	
14. BIRTHPLACE (city or town) Clauberburg	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Chambersburg	23. If daath wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Chambersburg	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
INFORMANT Effect of White	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Elklow Ful RD	
B. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Creston this Data July 13, 193	Nature of injury
9. UNDERTAKER 24 W. Piskin	24. Was disease or injury in any way related to occupation of deceased?
(Address) Eleton	If so, specify
0. FILED 7/13- 1936 & Druce An	(Signed) (Signed)
Registrar.	(Address) Plang Jun Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial hephritis Run over by street car 1921 1 week ago Cerebral hemorrhage ALIC & July 5, 1927 Peritonitis 3 days ago BUREAU V S Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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